

## U.S. MISSION VIETNAM APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM (Commercial Service's Office)

| LAST (SURNAME) FIRST MIDDLE  |
|--|
| PRESENT ADDRESS AND TELEPHONE NUMBER (E-Mail, if available):   |
| Cell phone No.:  |
| <b>Do you have any relatives that work for the Embassy/Consulate:</b> If yes, please list name, department where they work and how long they have been employed?   |
| CURRENT CITIZENSHIP:   |
|  |
| U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YESNO   |
|  |
| U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YESNO UNIVERSITY/SCHOOL/EDUCATION INSTITUTION:  |
| U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YESNO  UNIVERSITY/SCHOOL/EDUCATION INSTITUTION: Name and full address of current institution:   |
| U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YESNO  UNIVERSITY/SCHOOL/EDUCATION INSTITUTION: Name and full address of current institution:  Name, title and telephone number of instructor:  Date you started University (Month/Year)                              |
| U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YESNO  UNIVERSITY/SCHOOL/EDUCATION INSTITUTION: Name and full address of current institution:  Name, title and telephone number of instructor:  Date you started University (Month/Year)  Diploma/Degree/Certificate: |

| <i>J</i> –                       | ANGUAGES: (Identify the fluent; $3 = \text{good}$ ;   | 1 = fair;  |   | )   |                   |  |  |  |  |
|----------------------------------|---|--|---|---|-------------------|--|--|--|--|
| ]                                | LANGUAGE  | <b>SPEAK</b>   | READ  | <b>WRITE</b>  | UNDERSTAND        |  |  |  |  |
| Eng                              | glish   |  |   |   |                   |  |  |  |  |
|                                  | ECIAL QUALIFICATION of any special skills you po  |  |   | ifications, licenses                                | obtained, etc.    |  |  |  |  |
|                                  | RAINING RECEIVED:<br>at training received in area   | s applicable to the in   | nternship position  | in which you are a                                  | pplying.          |  |  |  |  |
|                                  | VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with your current and/or most recent position and work backwards.  A. NAME AND FULL ADDRESS OF EMPLOYER: |  |   |   |                   |  |  |  |  |
| mo<br>A.                         | NAME AND FULL AI  | rk backwards.  DDRESS OF EMPI  | LOYER:  |   |                   |  |  |  |  |
| mo<br>A.<br>B.<br>C.             | est recent position and wor   | rk backwards.  DDRESS OF EMPI  onth/day/year): FRO   | LOYER:  | TO  |                   |  |  |  |  |
| mo<br>A.<br>B.<br>C.             | ost recent position and work NAME AND FULL AI  DATES WORKED (mo   | rk backwards.  DDRESS OF EMPI  onth/day/year): FRO  ELEPHONE NUME  | LOYER:BER OF IMMEDIA                                      | TO  | PR:               |  |  |  |  |
| mo<br>A.<br>B.<br>C.<br>D.       | DATES WORKED (mo TITLE OF POSITION: NAME, TITLE AND TO DESCRIPTION OF WO  | ck backwards.  DDRESS OF EMPI  onth/day/year): FRO  ELEPHONE NUME  DRK (Describe speci   | LOYER:BER OF IMMEDL                                       | TO  | PR:               |  |  |  |  |
| mo A. B. C. D.                   | DATES WORKED (mo TITLE OF POSITION: NAME, TITLE AND TO DESCRIPTION OF WO  | ck backwards.  DDRESS OF EMPI  onth/day/year): FRO  ELEPHONE NUME  DRK (Describe special  WORKED PER WE                                      | LOYER:BER OF IMMEDIA                                      | TOATE SUPERVISO                                     | PR: mplishments): |  |  |  |  |
| mo<br>A.<br>B.<br>C.<br>D.       | DATES WORKED (mo TITLE OF POSITION: NAME, TITLE AND TI DESCRIPTION OF WO NUMBER OF HOURS  | ck backwards.  DDRESS OF EMPI  onth/day/year): FRO  ELEPHONE NUME  DRK (Describe special  WORKED PER WE                                      | LOYER:BER OF IMMEDLE  ific duties, response  EEK:  LOYER: | TOATE SUPERVISO                                     | PR:               |  |  |  |  |
| mo A. B. C. D. E.                | DATES WORKED (mo TITLE OF POSITION: NAME, TITLE AND TI DESCRIPTION OF WO NUMBER OF HOURS NAME AND FULL AI DATES WORKED (mo  | ck backwards.  DDRESS OF EMPI  Onth/day/year): FRO  ELEPHONE NUME  DRK (Describe special  WORKED PER WI  DDRESS OF EMPI  Onth/day/year): FRO | LOYER: BER OF IMMEDIA  Ific duties, respons  EEK: LOYER:  | TOATE SUPERVISO                                     | PR:               |  |  |  |  |
| mo<br>A.<br>B.<br>C.<br>D.<br>E. | DATES WORKED (mo TITLE OF POSITION: NAME, TITLE AND TI DESCRIPTION OF WO NUMBER OF HOURS  | ck backwards.  DDRESS OF EMPI  onth/day/year): FRO  ELEPHONE NUME  DRK (Describe special  WORKED PER WH  DDRESS OF EMPI  onth/day/year): FRO | LOYER: BER OF IMMEDIA ific duties, respons EEK: LOYER:    | TOATE SUPERVISO ibilities, and according toTOTOTOTO | PR: mplishments): |  |  |  |  |

| НА                 |   | ORKED FOR THE<br>EN DISMISSED OF  |  | <b>RNMENT?</b><br>O RESIGN FROM A PC  | YESNO_<br>OSITION? YESNO_   |  |  |
|--------------------|---|---|--|---|---|--|--|
|                    |   |   |  |   |   |  |  |
|                    | OMPUTER SKILLS<br>w do you rate your c  | S<br>omputer skills (pleas  | e circle):   |   |   |  |  |
| 5 =                | excellent;  | 3 = good;   | 1 = fair;  | 0 = none  |   |  |  |
| Lis                | List computer programs in which you have experience.  |   |  |   |   |  |  |
|                    |   |   |  |   |   |  |  |
| def                | inite information reg   | •   | r and suitabili  | blood or marriage who a<br>ty for employment under  |   |  |  |
| 1                  | NAME  | MAILING ADI   | PRESS  | TELEPHONE<br>NUMBER   | OCCUPATION  |  |  |
| 1.                 |   | _   |  | _   | _   |  |  |
| 2.                 |   | _   |  | _   |   |  |  |
| 3                  |   | _   |  |   |   |  |  |
| I ur non I ur I co | nderstand that any in<br>n-consideration or di<br>nderstand that, if I are<br>consent to the release<br>cools, law enforceme<br>estigators and person | formation I give may ismissal of my particition provisionally select of information about nt agencies and other nnel. | be investigate ipation in the lated, an Embas my ability and individuals a | lowing carefully before yed and that a false statem Intern Program, if I am say-required security cert d fitness for the Intern Productions to Embanets are true, complete, | nent may be grounds for<br>elected.<br>ification is a prerequisite<br>rogram by employers,<br>assy-authorized |  |  |
|                    | Signature   |   |  |   | Date  |  |  |
| 570                | II MIIOT INOT IIOT  |   |  |   |   |  |  |
| YU                 | U MUST INCLUDE:   |   | □ A copy o   | of your identification care   | d.  |  |  |
|                    |   |   |  | of your school identificat  |   |  |  |
|                    |   |   | $\Box$ A copy of   | of your most recent school  | al transcript   |  |  |

| Print Name (Last, First, MI) | ID Number (số chứng minh thư) |
|------------------------------|-------------------------------|
|                              |                               |

## **Statement of Interest**

Write a brief Statement of Interest that describes why you seek an internship with the U.S. Embassy Hanoi. Explain how the academic courses you have taken, and other personal experiences you have had, relate to the Intern Program. Describe any experience you have and tell us how familiar you are with the Commercial Service office and services.

## UNITED STATES DEPARTMENT OF STATE GRATUITOUS SERVICE AGREEMENT

Title 5 Section 3111 of the United State Code authorizes federal agencies to establish programs designed to provide educationally related work assignments for students on a nonpayment basis. You will be hired under such a program. According to the law, we may only accept your gratuitous service if the service: (1) is performed by a student, with permission of the institution at which the student is enrolled; (2) is uncompensated; and (3) will not displace any employee.

As a student participating under this program you will not be considered to be a federal employee for any purposes other than injury compensation or laws related to the Tort Claims Act. Your service is not creditable for leave accrual or any other employee benefits.

This arrangement is subject to termination at any time at the discretion of the Mission. Please sign below acknowledging that you understand the terms under which you will be hired.

I understand the terms under which I am being hired, including, without limitation, that I will not be compensated for the services that I provide.

| Signature of Intern | Date |
|---------------------|------|
|                     |      |
| Full name of Intern |      |